

# A Decade Hand in Hand With the Rise of Endovascular Therapy

This issue of *Endovascular Today* marks the 10-year anniversary of our launch. In the time since the inaugural edition, the application of vascular interventional therapies has expanded considerably, with procedural volumes eclipsing open surgical counterparts in many pathologies and increasing every year. This has (not incidentally) paralleled my career in the US, which started in 1995 as a no-name, unsalaried researcher and ended as the Chief of Vascular Surgery at Montefiore Medical Center, following in the giant footsteps of my predecessors Drs. Haimovici and Veith in 2004. I now serve as Chairman of Surgery at Jikei University in Tokyo, a department that consists of 270 surgeons. As a Chief Medical Editor of *Endovascular Today* since its birth, I have been privileged to witness and report on these developments, and I am proud that our publication serves as a conduit whereby the brilliant minds in this field share their ideas, progress, milestones, and ambitions.

One of the many rapidly progressing segments within the field of vascular disease care is that of thoracic aortic intervention. Dake and colleagues first described the use of thoracic endovascular aneurysm repair (TEVAR) in 1994, adding to the groundbreaking work Parodi and colleagues began in the abdominal aorta and continuing to pave the way for the advances that would come. Progress since the first TEVAR device was approved in the US has been rapid, despite the considerable challenges presented by the needs of our thoracic repair populations.

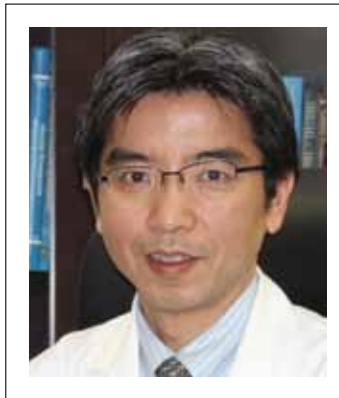
Vascular specialists have worked closely with industry and regulatory officials to adapt, refine, and study every element of the TEVAR procedure. From delivery to deployment and fixation and tools for revision, our options continue

to improve across the spectrum of thoracic patients on operation day and for years afterward. We have seen iterative advancements in the initial aneurysm-specific devices, new generations of platforms from a variety of manufacturers around the globe, and an increasing push for devices designed specifically for nonaneurysmal disease and injuries. Reading about randomized trials, long-term registries, and

personal experiences ranging from single-center to single-case continue to shape the way we approach the next patient to come through our doors. In this edition of *Endovascular Today*, we have invited a series of challenging thoracic cases from esteemed aortic specialists. Our goal is to share a variety of experiences, lessons learned, successes, and difficulties, working toward expanding our collective knowledge of details big and small.

I would also like to take this opportunity to acknowledge two key people who have made *Endovascular Today* what it is today—the most widely read

endovascular publication. Publisher Craig McChesney had the vision, identifying the need for a unique publication like this more than 10 years ago. He invited me to serve as one of the Chief Medical Editors during ISES in Phoenix and had the guts and commitment to weather the early challenges. Next, Editor-in-Chief Matt Pesotski has a very high antenna, is well read and incredibly knowledgeable of this field, and he has the ability to write and shape material eloquently. He has been instrumental in planning every issue of *Endovascular Today*. Along with my fellow Chief Medical Editors, Drs. Barry Katzen and John Laird, we look forward to the next decade of covering this dynamic field with many lifesaving technologies on the horizon. Thank you for reading these past 10 years. ■



A handwritten signature in black ink, appearing to read 'Takao Ohki'.

Takao Ohki, MD, PhD  
Chief Medical Editor